

### NOTIFICATION OF EMPLOYMENT/TERMINATION

Council on Law Enforcement Education and Training

2401 Egypt Road, Ada, Oklahoma 74820-0669 Phone: 405-239-5100

**DUE WITHIN 10 DAYS OF EMPLOYMENT/TERMINATION**

COMPLETE ALL REQUIRED FIELDS

COMPLETE EITHER FULL-TIME OR RESERVE

☒ Notice of Employment

☐ Notice of Termination

☐ Department Head Change

☒ FULL-TIME OFFICER (Over 25 hours per week)

☐ Not Certified – Needs Training

☐ Certified in Oklahoma CLEET # 135978

☐ OUT OVER 5 YEARS

☐ Certified in Another State – Requesting Reciprocity

☐ Requesting Collegiate Officer Program Certification

☐ Certified Oklahoma Reserve CLEET #

☐ Requesting Bridge Academy

☐ RESERVE OFFICER (140 hours or less per month)

☐ Not Certified – Needs Training

☐ Certified in Oklahoma CLEET #

☐ OUT OVER 5 YEARS

☐ Certified in Another State – Requesting Reciprocity

☐ Requesting Collegiate Officer Program Certification

#### AGENCY DATA

Name of Agency: Pushmataha County Sheriffs Office

Agency E-Mail: pushcosheriff@hotmail.com

Address: 207 SW 3rd Street

City: Antlers

ZIP: 74523

County: Pushmataha

Department or Agency Head: BJ Hedgecock

Title: Sheriff

Telephone: 5802982475

#### EMPLOYEE DATA

Last Name: Steely

First Name: Timothy

MI: B

Sex: M ☒ F ☐

DOB: [REDACTED]

SSN: [REDACTED]

Race: W

Home Phone: [REDACTED]

Home Address: [REDACTED]

City: Durant

State: [REDACTED]

Zip: 74701

#### EMPLOYEE ATTESTATION:

Date of Appointment: 10-19-2020

Position: Deputy

- I am at least 21 years of age;
- I am a U.S. Citizen or have resident alien status, pursuant to an employment eligibility verification form from the U.S. Citizenship and Immigration Services;
- I possess a high school diploma or a GED equivalency certificate as recognized by state law;
- I am not currently undergoing treatment for a mental illness, condition, or disorder;
- I have never been convicted of a felony, crime of moral turpitude, or crime of domestic violence in any state or federal court;
- I am not currently participating in a deferred sentence for a felony, crime of moral turpitude, or crime of domestic violence.

I certify the information provided by me is correct and accurate. I understand that any false statement may be a crime punishable by fine and/or imprisonment. I hereby authorize the Council on Law Enforcement Education and Training or other authorized representatives of the Council bearing this form or a copy thereof, to release any information entered on this form to any law enforcement agency.

Original Signature of Employee: [Signature]

Date: 10/19/2020

#### AGENCY ADMINISTRATOR ATTESTATION

- As the Agency Administrator or Designee, I certify to the Council that a background investigation was completed on the named employee in accordance with 70 O.S. §3311 (E.1.) prior to employment as a peace officer or reserve peace officer.
- As the Agency Administrator or Designee, I certify to the Council that a psychological evaluation was conducted in accordance with the provisions of 70 O.S. § 3311, or I have verified a psychological evaluation was completed for a CLEET certified peace officer with a break in service of less than five years.
- As the Agency Administrator or Designee, I certify to the Council that the named employee/applicant is suitable to serve as a peace officer in the State of Oklahoma.

I certify the information provided by my agency on this document is correct and accurate. I understand that any false statement may be a crime punishable by fine and/or imprisonment. I understand that CLEET will rely on my attestation.

Original Signature of Agency Administrator or Designee: [Signature]

Date: 10/19/2020

Print Name and Title: Under-Sheriff Dustin S. Bray #6402

**70 O.S. §3311 – Every law enforcement agency in this state shall, within thirty (30) days of a final order of termination or resignation while under investigation of a CLEET-certified peace officer, report such order or resignation in writing to the Executive Director of the Council.**

Date of Termination:

☐ Resigned ☐ Discharged ☐ Retired ☐ Deceased ☐ Other, explain below

Comments:

Original Signature of Agency Administrator or Designee:

Date:

Print Name and Title: